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Bib Data Sheet

SERIAL NUMBER 09/684,124	FILING DATE 10/06/2000 RULE	CLASS 361	GROUP ART UNIT 2827	ATTORNEY DOCKET NO. 00732					
APPLICANTS Duane Dixon, Tucson, AZ;									
** CONTINUING DATA ***** NONE TYT									
** FOREIGN APPLICATIONS ***** NONE TYT									
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 12/08/2000									
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%; border-bottom: 1px solid black;"> Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>[Signature]</i> <i>[Initials]</i> </td> <td style="width: 10%; text-align: center; vertical-align: top;"> STATE OR COUNTRY AZ </td> <td style="width: 10%; text-align: center; vertical-align: top;"> SHEETS DRAWING 3 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> TOTAL CLAIMS 31 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> INDEPENDENT CLAIMS 4 </td> </tr> </table>					Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>[Signature]</i> <i>[Initials]</i>	STATE OR COUNTRY AZ	SHEETS DRAWING 3	TOTAL CLAIMS 31	INDEPENDENT CLAIMS 4
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ADDRESS Maria Comninou Esq Kirkpatrick & Lockhart LLP Henry W Oliver Building 535 Smithfield Street Pittsburgh, PA 15222-2312									
TITLE Surface mount power supply device and associated method									
FILING FEE RECEIVED 1118	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> All Fees</td> </tr> <tr> <td><input type="checkbox"/> 1.16 Fees (Filing)</td> </tr> <tr> <td><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</td> </tr> <tr> <td><input type="checkbox"/> 1.18 Fees (Issue)</td> </tr> <tr> <td><input type="checkbox"/> Other _____</td> </tr> </table>					<input type="checkbox"/> All Fees	<input type="checkbox"/> 1.16 Fees (Filing)	<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)	<input type="checkbox"/> 1.18 Fees (Issue)	<input type="checkbox"/> Other _____
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